

## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
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LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP  
600 South Avenue West  
Westfield, New Jersey 07090

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### Certificate of Mailing or Transmission

I hereby certify that the Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kevin M. Kocun	(Depositor's name)
/Kevin M. Kocun/	(Signature)
October 6, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/781,484	02/18/2004	Rafail Zubok	SPINE 3.0-455 CIP CONT V	3112

TITLE OF INVENTION: INSTRUMENTATION AND METHODS FOR USE IN IMPLANTING A CERVICAL DISC REPLACEMENT DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	10/06/2009
EXAMINER	ART UNIT	CLASS- SUBCLASS			
N. W. Woodall	3775	606-053000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	Lerner, David, Littenberg, Krumholz & Mentlik, LLP
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.	2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SpineCore, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Summit, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order -# of Copies \_\_\_\_\_

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature	/Kevin M. Kocun/	Date
Typed or printed name	Kevin M. Kocun	October 6, 2009
		Registration No.
		54,230

## **Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on October 6, 2009  
Date

/Kevin M. Kocun/

Signature

Kevin M. Kocun

Typed or printed name of person signing Certificate

54,230

Registration Number, if applicable

(908) 518-6383

Telephone Number

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Issue Fee Transmittal (1 page)  
Charge \$1,810.00 to deposit account 12-1095